



Atty. Dkt. No. 053466-0398

7PW \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shuji ICHIKAWA et al
Title: OIL-BASED INK COMPOSITION FOR A BALL-POINT PEN
AND AN OIL-BASED BALL-POINT PEN
Appl. No.: 10/528,405
Filing Date: May 17, 2005
Examiner: Edward J. Cain
Art Unit: 1796
Confirmation Number: 4443

REPLY TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application and:

[X] Terminal Disclaimer for USP 7,381,754.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	12	-	20	=	0	x	\$52.00	=	\$0.00
Independent Claims:	3	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$390.00	= \$0.00

CLAIMS FEE TOTAL = \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$140.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$140.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$140.00

A credit card payment form in the amount of \$140.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 27, 2008

By 

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Facsimile: (202) 672-5399

Stephen B. Maebius
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